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Secretary of State

03-10-1999 90267 008 ***150.00

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S95427

1. Corporation Name

EMERGENCY MEDICAL ASSOCIATES OF TAMPA BAY, P.A.

Principal Place of Business

P.O. BOX 15756
TAMPA FL 33684

Mailing Address

P.O. BOX 15756
TAMPA FL 33684

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1991

4. FEI Number

59-3096659

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

WILSON, JAMES A
%E.M.A. OF TAMPA BAY P.A.
4600 N. HABANA, SUITE 19
TAMPA FL 33614

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/18/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME VD
STREET ADDRESS CASTELLUCCI, ERIC D.
CITY-ST-ZIP 8703 CYPRESS MILL COURT
TAMPA FL 33647

TITLE ☐ DELETE
NAME TD
STREET ADDRESS ELLIOTT, CYNTHIA
CITY-ST-ZIP 321 HARBOR PASSAGE
CLEARWATER FL 33556

TITLE ☐ DELETE
NAME VD
STREET ADDRESS IDSTEN, WILFRED G.
CITY-ST-ZIP 101A E. DAVIS BLVD.
TAMPA FL 33556

TITLE ☐ DELETE
NAME VD
STREET ADDRESS LYON, RICHARD E.
CITY-ST-ZIP 15311 LAKE MAURINE DRIVE
ODESSA FL 33556

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME VD
1.3 STREET ADDRESS CASTELLUCCI, ERIC D.
1.4 CITY-ST-ZIP 4600 NORTH HABANA AVE., STE. 19
TAMPA, FL. 33614

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME TD
2.3 STREET ADDRESS ELLIOTT, CYNTHIA
2.4 CITY-ST-ZIP 4600 NORTH HABANA AVE., STE. 19
TAMPA, FL. 33614

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME VD
3.3 STREET ADDRESS IDSTEN, WILFRED G.
3.4 CITY-ST-ZIP 4600 NORTH HABANA AVE., STE. 19
TAMPA, FL. 33614

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME VD
4.3 STREET ADDRESS LYON, RICHARD E.
4.4 CITY-ST-ZIP 4600 NORTH HABANA AVE., STE. 19
TAMPA, FL. 33614

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME VD
5.3 STREET ADDRESS PIDALA, ANTHONY
5.4 CITY-ST-ZIP 4600 NORTH HABANA AVE., STE. 19
TAMPA, FL. 33614

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME VD
6.3 STREET ADDRESS TULSIK, DAVID
6.4 CITY-ST-ZIP 4600 NORTH HABANA AVE., STE. 19
TAMPA, FL. 33614

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

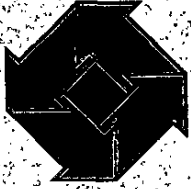
Daytime Phone #

2/18/99

CR2E034 (1/198)

EMERGENCY MEDICAL ASSOCIATES OF TAMPA BAY, P.A.
ADDITIONAL OFFICERS AND DIRECTORS FOR 1999

211772-90267-8
595427



**Emergency
Medical
Associates**
of Tampa Bay, P.A.

TD
SAND, CHARLES
4600 NORTH HABANA AVE.,
SUITE 19
TAMPA, FL. 33614

VD
ROBELLI, JAMES
4600 NORTH HABANA AVE.,
SUITE 19
TAMPA, FL. 33614

VD
DAVIS, JAMES
4600 NORTH HABANA AVE.,
SUITE 19
TAMPA, FL. 33614

VD
HERNANDEZ, DENNIS
4600 NORTH HABANA AVE.,
SUITE 19
TAMPA, FL. 33614

VD
MURPHY, WENDY
4600 NORTH HABANA AVE.,
SUITE 19
TAMPA, FL. 33614

Laleh Bahar-Posey, M.D.
Eric D. Castellucci, M.D.
James M. Davis, M.D.
Cynthia Elliott, M.D.
Dennis A. Hernandez, M.D.
Wilfred G. Idsten, M.D.
Richard E. Lyon, M.D.
Wendy E. Murphy, M.D.
David A. Nicker, M.D.
Alex Perez, M.D.

VD
NICKER, DAVID
4600 NORTH HABANA AVE.,
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Anthony I. Pidala, Jr., M.D.
James P. Robelli, M.D.
I. Charles Sand, M.D.
David Tulsio, M.D.
James A. Wilson, M.D.

VD
PEREZ, ALEX
4600 NORTH HABANA AVE.,
SUITE 19
TAMPA, FL. 33614

Diplomates: American Board
of Emergency Medicine

Members of the American College
of Emergency Physicians

VD
BAHAR-POSEY, LALEH
4600 NORTH HABANA AVE.,
SUITE 19
TAMPA, FL. 33614



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